IPDR6702 RUN DATE:	04/10/2006		TPR	NORTH CAROLINA S CHECKWRITE SUMMARY REPORT	1	PA	SE: 1	-
NON DILLE.	04/10/2000			HECKWRITE DATE: 04/11/2006				
		1		FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	682	DETAIL NOT COVERED BY COMBINAT				+
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		143	171	CLIENT ID NUMBER NOT ON STATE	10	1376	1475	99
				ELIGIBILITY FILE				
		8621	169	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404904	WESTERN HIGHLAN	8505	2507	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		21	1585	DUPLICATE OF CLAIM-SYSTEM	0	4758	5786	1028
			-					-
		79	178	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING		_		1
			-	PROVIDER TYPE AND SPECIALTY IN				-
3404910	PATHWAYS	8505	1817	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET		_		1
								-
		8800	339	FURTHER PROCESSING NECESSARY,	1	2433	3452	1015
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				-
		11	114	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
								-
3404912	CATAWBA COUNTYM	8931	153	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
								-
		8505	57	CLAIM DENIED DUE TO INSUFFICIE	173	351	1475	1124
				NT BUDGET				
								+
		8599	33	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BEREIT TROUBE.				
3404913	MECKLENBURG COM	8599	5144	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				-
				BEREIT TROUBE.				
		143	2075	CLIENT ID NUMBER NOT ON STATE	946	14734	35747	21013
	-	+		ELIGIBILITY FILE				
	<u> </u>	<u> </u>						
		21	1999	DUPLICATE OF CLAIM-SYSTEM	1			1
			-					-
3404916	CROSSROADS BEHA	21	559	DUPLICATE OF CLAIM-SYSTEM				<u> </u>
-	VIORAL HEAL							
		79	370	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	1204	10858	9654
				PROVIDER TYPE AND SPECIALTY IN	 			
		8621	103	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED				1
				FOR ADDITIONAL SERVICE.	 			
3404917	CENTERPOINT HUM	8599	319	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	AN SERVICES			BENEFIT PACKAGE.	 			
		10	311	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	93	1050	4399	3349
				DIAGNOSIS, PROCEDURE CODE FOR	1			
								1
		143	86	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	 			-
								†
								1

				T				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404010			0	*** NO DATA TO REPORT ***				
3404918	ROCKINGHAM CO M ENTAL HEALT	U	0	*** NO DATA TO REPORT ***				
	ENIAL REALI							
		0	0		0	0	0	0
3404919	GUILFORD CO MEN	21	70	DUPLICATE OF CLAIM-SYSTEM				
	TAL HEALTHC							
		8599	5	DETAIL NOT COVERED BY COMBINAT	2	87	1559	1472
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENEFII FACIAGE.				
		79	3	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
				THOUSEN THE SHE OFFICERET IN				
3404920	ALAMANCE CASWEL	8599	335	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	168	SERVICE FACILITY LOCATION IS N	3	917	4442	3525
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		11	143	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404921	ORANGE PERSON C	8000	842	NO RATE AVAILABLE ON FILE TO P				
	HATHAM AREA			RICE THIS CLAIM DETAIL				
		8599	214	DETAIL NOT COVERED BY COMBINAT	26	1599	3912	2313
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5312	140	PRIOR AUTHORIZED DOLLARS EXCEE				
				DED				
3404922	THE DURHAM CENT	21	4642	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		8000	3906	NO RATE AVAILABLE ON FILE TO P	167	11919	13920	2001
				RICE THIS CLAIM DETAIL				
		8599	1650	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENIL I PROMISE.				
3404923	FIVE COUNTY MH	11	525	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8000	351	NO RATE AVAILABLE ON FILE TO P	1	1308	7329	6021
				RICE THIS CLAIM DETAIL				
		8599	106	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE	8505	1149	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	391	DETAIL NOT COVERED BY COMBINAT	248	3961	6272	2311
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	330	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404926	SOUTHEASTERN RE	8000	1185	NO RATE AVAILABLE ON FILE TO P				
	G MENTAL HL			RICE THIS CLAIM DETAIL				
		8599	237	DETAIL NOT COVERED BY COMBINAT	1	1937	9001	7064
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	235	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
-							1	

3404927 CUM RC RC 3404929 LEE	ROVIDER NAME	EOBS	NUMBER OF DENIALS 2459	DESCRIPTION CLAIM DENIED, SUBMITTED BEYOND	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
NIMMER PR 3404927 CUM HC HC 3404929 LEE	ROVIDER NAME	EOBS 8518	DENIALS	CLAIM DENIED, SUBMITTED BEYOND				1
3404927 CMM HC HC 3404929 LEE	MBERLAND CO M	8518		CLAIM DENIED, SUBMITTED BEYOND		*		
3404929 LEE			2459					
3404929 LEE		8505						
DD/		8505		FILING TIMELIMIT. PRIOR				
DD/		8505		FISCAL YEAR DOS (JULY 1 - JUNE				
DD/			753	CLAIM DENIED DUE TO INSUFFICIE	8	3594	4747	1153
DD/				NT BUDGET		3334	4747	1100
DD/								
DD/								
DD/		8800		FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
DD/				FUTURE RA'S.				
DD/				1010144 101 0.				
DD/	E HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
2404020	/SAS							
2404020								
2404020		0	0					
2404020		U	0		0	0	0	0
2404020								-
3404930 JOH	HNSTON COUNTY	8000	1604	NO RATE AVAILABLE ON FILE TO P				
	NTL HLTHC			RICE THIS CLAIM DETAIL				
		9500	82	DEMAIL NOW COMPRED BY COMPLIANT				
		8599	02	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	58	1786	2484	698
				BENEFIT PACKAGE.				
		8931		AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404931 WAK		8505	3778	CLAIM DENIED DUE TO INSUFFICIE				<u> </u>
		8303		NT BUDGET				
BI	ILLING OF							
		8000		NO RATE AVAILABLE ON FILE TO P	24	4971	6196	1225
				RICE THIS CLAIM DETAIL				
		11	204	OLITHUM NOW DITCIPLE ON ORDIVED				
		11	224	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DALE				
								-
3404933 SOU	UTHEASTERN CT	79	77	THIS SERVICE IS NOT PAYABLE TO				
	FOR MH/DD			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	71	DETAIL NOT COVERED BY COMBINAT	13	296	3519	3223
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DAMELL INCOME.				
		1551	48					
		11	2596	CLIENT NOT ELIGIBLE ON SERVICE DATE				
BE	EHAV HEAL			DATE				
		8505	615	CLAIM DENIED DUE TO INSUFFICIE	14	4279	5712	1433
<u> </u>				NT BUDGET			2722	
		21	349	DUPLICATE OF CLAIM-SYSTEM				<u> </u>
3404935 WAY	YNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				†
	EALTH CTR							
		U	U		0	0	0	0
								-
3404936 WTT.	SON-GREENE M	8536	74	ATTENDING PROVIDER TYPE AND SP				
	LSON-GREENE M FAL HEALT	-		ECIALTY COMBINATION IS NOT				
201				VALID FOR SUBMITTED BILLING PR				
		191		CLIENT ID NUMBER DOES NOT MATC	10	142	2105	1963
				H PATIENT NAME				
		8599	14	DETAIL NOT COVERED BY COMBINAT				
		0,7,7		ION OF RECIPIENT, PROVIDER AND				-
				BENEFIT PACKAGE.				
								t

DROUTE		uran pour-	NUMBER OF				TOTAL	TOTAL
PROVIDER NUMBER	DROUTDER MANE	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	Long	CHARLES	DANGERAL ALON	DENIALS	DENIALS	FINALIZED	PAID
3404937	EDGECOMBE NASH	8000	51	NO RATE AVAILABLE ON FILE TO P				
	MNTL HLTH C			RICE THIS CLAIM DETAIL				
		21	24	DUPLICATE OF CLAIM-SYSTEM				
		21	24	DUPLICATE OF CLAIM-SYSTEM	0	98	1309	1211
		8599	10	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
	TONE COUNSE							
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE	8000	31	NO RATE AVAILABLE ON FILE TO P				
	ALTH CENTER			RICE THIS CLAIM DETAIL				
		10	16	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	0	103	2048	1945
				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		8505	12	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
					-			
3404941		8599	225	DETAIL NOT COVERED BY COMBINAT				
2404241	PITT CO MH/DD/S AS CENTER	0.73	225	ION OF RECIPIENT, PROVIDER AND				
	PRO CENTER			BENEFIT PACKAGE.				
		11	206	CLIENT NOT ELIGIBLE ON SERVICE	0	839	1488	649
				DATE				
		21	182	DUPLICATE OF CLAIM-SYSTEM				
3404942	ROANOKE CHOWANH	8000	73	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
	UMAN SERVIC			RICE THIS CLAIM DETAIL				
		8931	14	AMTNC INELIGIBLE TO RECEIVE SE	15	126	1451	1325
				RVICES IN IPRS.				
		21	12	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA	537	90	PROCEDURE IS NOT COVERED FOR T				
	L HEALTH CE			HIS DATE OF SERVICE				
		8931	49	AMTNC INELIGIBLE TO RECEIVE SE		0.44	2165	1001
				RVICES IN IPRS.	/9	341	2165	1824
		11	46	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404944	EASTPOINTE HUMA	21	786	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
					-			
		8505	618	CLAIM DENIED DUE TO INSUFFICIE				
		0303	0.1.0	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	2795	2842	47
		8599	418	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM	27	3932	DIAGNOSIS CODE MISSING OR INVA				
	ENTAL HEALT			LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
		8505	1626	CLAIM DENIED DUE TO INSUFFICIE	0	5707	5718	11
				NT BUDGET				
-								
		8800	77	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				

	1						TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8000	130	NO RATE AVAILABLE ON FILE TO P				
	HEALTH CTR			RICE THIS CLAIM DETAIL				
		8599	96	DETAIL NOT COVERED BY COMBINAT	52	385	2991	2606
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	40	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404979	NEW RIVER AREAM	8000	90	NO RATE AVAILABLE ON FILE TO P				
	H/DD/SA PRO			RICE THIS CLAIM DETAIL				
		11	78	CLIENT NOT ELIGIBLE ON SERVICE	0	300	2964	2664
				DATE				
		8505	50	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				